

Date: _____

BOARD OF ASSESSORS TOWN OF WILBRAHAM

240 Springfield Street Wilbraham MA 01095 Phone: (413) 596-2800 Ext. 209 Fax: (413) 596-2820 Christopher Keefe, Principal Assessor, RMA

PETITIONERS REQUEST FOR ABUTTERS LIST

A deposit of \$25.00 is required at time of request. Additional fees may be associated with this request. **Note:** Request will be completed within 10 business days following receipt of deposit.

Subject Property	
Location/Address:	Property ID:
Map: Block: Lot:	
Applicant: Print Name	Contact Info:
REASON FOR REQUEST (check one): Hearing before Zoning Board of Appeals Hearing before Planning Board Hearing before Conservation Commission Hearing before Board of Selectmen Other []	REASON FOR HEARING: Variance [] Special Permit [] Subdivision [] Wetlands [] Other []
RADIUS FOR ABU	TTERS:
100 Feet [] 300 Feet [] 500 Feet [] Adjacent	[] # of Sets of Labels Needed
Number of Abutters Prepared: Set(s) of Labels:	
Fee Charged: \$ Deposit Amount: \$ 25.00 Date Paid:/	/ Receipt # Check / Cash
Amount Due: \$ Date Paid:/	
Completed on:// Petitioner Notified:/_	